The
Public Health Journal

OFFICIAL ORGAN
Canadian Public Health Association

Vol. XII TORONTO, SEPTEMBER, 1921 No. 9

SPECIAL ARTICLES

ESSENTIAL FACTORS IN A CAMPAIGN AGAINST VENEREAL DISEASES
DR. GORDON BATES

THE RELATION OF CHILD-LABOUR TO CHILD HEALTH
ARTHUR BUTLER CHANDLER, M.D.

LONDON SOCIAL SERVICE COUNCIL REPORT OF PUBLIC HEALTH COMMITTEE ON INFANT MORTALITY

REPORT OF THE COMMITTEE ON PUBLIC SCHOOL EDUCATION
MARY E. CRAWFORD

$2.00 per annum. 154 BAY ST., TORONTO 20 cents per copy.

The Public Health Journal

VOL. XII. TORONTO, SEPTEMBER, 1921 No. 9

Essential Factors in a Campaign Against Venereal Diseases

BY DR. GORDON BATES.

Read at the Annual Meeting of the Canadian Public Health Association, Toronto, May 16th, 1921.

IN Discussing essential factors in a campaign against Venereal Diseases one should first of all recall some of the facts of the situation as it is.

First of all the incidence and dangers of Gonorrhoea and Syphilis.

The Report of the British Royal Commission handed in in 1916 was to the effect.

"That the number of persons who have been infected with Syphilis, acquired or congenital, cannot fall below 10 per cent. of the whole population in the large cities, and the percentage affected with Gonorrhoea must greatly exceed this proportion." (If this conclusion be correct, it implies 450,000 syphilitic persons in London; and, inasmuch as the mortality figures of Syphilis for the whole Kingdom amount to 6.6 times that of London, it suggested that there must be three million syphilitics in the Kingdom.)

"General paralysis of the insane is responsible for 15 per cent. of male admissions to asylums of large cities."

"It is estimated that 90 per cent. of all cases of aneurysm are due to Syphilis."

"Syphilis is variously estimated to account for 7 per cent. to 35 per cent. of 'congenital deafness.'"

"Of 1,100 children in blind schools one-third of the cases were due to Syphilis. Of the same 1,100 cases, 24.35 per cent. were the result of Gonorrhoea ophthalmia. In this investigation between 55 and 59 per cent. of cases investigated owed their blindness to Venereal Diseases."

"The cost of educating a deaf child is stated to be ten times that

of an ordinary child while that of educating a blind child is seven times that of educating a normal child."

In reference to Gonorrhoea the Commission stated, "If the results are serious for men, they are worse for women. It leads more commonly to sterility, various operations, invalidism and death. The infection in women is peculiarly tenacious and difficult to cure, when once firmly established."

"Of sterility in females Gonorrhoea is responsible for about one-half of that which occurs from all causes."

In reference to effects of Syphilis on the offspring, the Commission states "Hereditary syphilis is in some ways more serious than in the acquired form, since it here attacks developing structures; it is a very frequent cause of abortion, miscarriage, and still-births. Thus, in one series of cases, out of 1,001 pregnancies in 150 families where syphilis existed, there occurred 172 miscarriages or still-births and 229 infant deaths; while of the 600 live children 390 were diseased."

The following Canadian statistics are of value:

Routine Wassermann reactions in Toronto General Hospital in 1917 showed that 12 per cent. of the Ward patients admitted for ordinary complaints to be suffering from Syphilis.

In 1918 routine Wassermann reactions in Montreal General Hospital showed that 25 per cent. of the patients were suffering from Syphilis.

Routine Wassermann reactions in a regiment of draftees in 1918 after all cases of known or obvious had been withdrawn showed 5.7 per cent. of the men gave a positive test.

In a Canadian reformatory for women in 1920, 33 per cent. of the women inmates were found to have Syphilis and 80 per cent. to have Gonorrhoea.

Sir William Osler made the statement that Syphilis is the greatest killing diseases. This means that as a cause of death Syphilis outranks tuberculosis, pneumonia and cancer, three other greatest killers. It is also to be noted that in this estimate of comparative mortality Gonorrhoea is not included.

These statistics picture a serious condition of affairs. In view of the fact that at the time they were compiled Venereal Diseases were not reportable in either Canada or Great Britain and also of our war experience as compared to that of other countries there is little reason to suppose that our state is better than that of any neighboring countries. The medical situation may be summed up in the statement that we have an enormous number of infected and

infective individuals who should be brought under treatment at once. This suggests the provision of machinery whereby such persons may be persuaded forcibly or otherwise of the necessity for treatment and also the provision of treatment facilities. How this may be done and has been done will be described later.

In addition to the purely medical aspects of the problem, however, there are other factors envolved in the spread of Venereal Diseases throughout the world. These factors are intricate and complex. Most of them are absent in the case of all other diseases. In any campaign against Venereal Diseases which aims to do more than scratch the surface of the problem they must be duly recognized. Such problems—moral and social in character have their origin in the fact that Venereal Diseases have added to their characteristics as communicable diseases the fact that they originate in the sex organs and that sexual immorality is a great factor in their spread. This means that while the physician has a commanding position in the campaign against Venereal Diseases, if he relies only upon the ordinary police power of the usual communicable disease legislation little will be accomplished. The magistrate, the teacher, the clergyman, the lawyer, the biologist, the social worker —all have their part in the campaign. After all the final object of such a campaign must be Social Hygiene—the provision of normalities of life for the average individual in the community—much more than a medical problem. It is a problem the solution of which, indeed, has never before been even attempted. Any real advance in the direction of its solution must, of course, mean painstaking and thoroughgoing organizing work.

The situation so far as Venereal Diseases are concerned may be summarized in two statements as follows:

1. There are a large number of infected and infective persons, a large proportion of them ignorant of their condition. These persons both for their own sakes and the sake of others whom they may infect should be educated and persuaded to take treatment.

2. The large proportion of the population is uninfected. Many more may become infected unless preventive steps are taken. This resolves itself largely in a problem having to do with the care and education of young persons.

Class I.—Infected Individuals.

(1) *Treatment.*—For the care of infected persons there are provided first the private physician, secondly the clinic. Clinics are now in operation in most of the provinces of Canada.

Clinics in Ontario and in the other provinces are in operation by virtue of a joint grant by the Dominion and Provincial Governments. The Provincial Government through the Provincial Board of Health is in general control of the provincial campaign against Venereal Diseases and supervises the operation of the Ontario Act for the prevention of Venereal Diseases and the operation of the clinics; and as well undertakes the treatment of Venereal Diseases in Provincial jails and reformatories. In Ontario to date 11 clinics for the free treatment of Venereal Diseases have been established.

It is perhaps desirable to note here the absolute necessity of organized support in the campaign on the part of the physicians of the province. One practical method by which support might be given is in the prompt reporting of Venereal Disease cases. Undoubtedly the number of cases reported by number to date is a small fraction of the actual number under treatment. A decided increase in the number of cases reported would clearly indicate not only a greater interest in the public health aspects of the whole question—but an increase in the efficiency of the machinery of the Venereal Diseases Prevention Act.

Every physician should realize too that in addition to reporting cases by number it is a definite duty to educate his patient in the seriousness of his disease and in the great necessity of continuing treatment until cured. Where treatment is discontinued too early and without adequate reason the machinery of the Act should be envoked and the case reported by name.

It is also important that the physician should realize the social ramifications of the Venereal Disease problem and undertake some investigation in this direction. This is particularly desirable in Venereal Disease clinics where the physician has every opportunity to render community service quite as valuable as that which he gives in contributing scientific treatment of the Venereal Disease case. The questioning of male patients by means of the social case sheet should be undertaken by the male physician. If he will only realize the great importance of such a duty as a part of the campaign for the elimination of Venereal Diseases from the community he will undertake it with enthusiasm.

(*b*) *Education.*

Education for the benefit of infected persons has been undertaken by Governments in various provinces and by the Canadian National Council for Combating Venereal Diseases. By the use of newspaper advertisements, moving-pictures, such as THE END OF

THE ROAD, lectures given before various groups of the population and the distribution of literature, infected persons or persons who have exposed themselves to infection may be informed of the necessity for undertaking treatment at the earliest possible moment.

(c) *Value of Social Service Department.*

The Social Service Department of a Venereal Disease Clinic is extremely important and through this department the clinic may become a much more valuable unit in the general campaign against venereal disease. One of the useful functions of this department is education of the patient in order that he may see the importance of continuing his treatment and in order that he may not be a menace to other people. This may be accomplished in various ways. For instance, educational material in the form of pamphlets or cards should be placed in the hands of every patient. The matter of using good educational posters in clinics is also worthy of consideration.

Follow-up work in the cases of patients who neglect treatment is important. Patients may in some cases be persuaded to resume treatment by means of appropriate letters. In other cases it may be necessary to follow patients to their homes. The fact should be emphasized, however, that the better the educational work carried on in the clinic the less follow-up should be necessary. Where personal follow-up work is necessary, the greatest tact is desirable when questioning is necessary at a patient's own home. It is perhaps scarcely necessary to mention in passing the fact that a well organized card index system is essential if social service department is to keep track of patients visiting the clinic and of visits missed.

(d) *Value of the Social Case Sheet.*

The all-America Conference on Venereal Diseases held in Washington in December, 1920, passed a certain resolution as to the value of the social case sheet. These stated that information gathered by means of the social case sheet may be utilized for the following purposes:

(a) Follow-up work.
(b) Tracing source of infection.
(c) Tracing contacts.
(d) Estimating the value of educational methods in vogue as a part of the local campaign.
(e) Demonstrating economic loss to various industrial and other units in the community.

(f) Demonstrating the social needs of the community; e.g., recreational needs, adequate supply of supervised boarding-houses, improved industrial conditions, etc.
(g) Demonstration of distribution of infections.
(h) Demonstrating type of prostitution, extent of solicitation, etc.
(i) Demonstrating medical and social results of venereal diseases.

The above summary of types of information which may be gathered by means of the social case sheet gives one a fair conception of its value and it is important that in utilizing this document in investigating Venereal Disease cases the fact be borne in mind that the information obtained from each case is of definite value not only in so far as the case being investigated is concerned, but for the community.

It is important that the name and address of the source of infection be obtained in order that steps may be taken to find that person and put him or her under treatment—using the legal machinery provided under legislation for the prevention of Venereal Diseases if necessary.

It is also important that any contacts or persons who may have been exposed to infection from the patient be discovered and their case be investigated. One should find out whether such persons are actually infected. If infected they should be persuaded to take treatment. The social case sheet may also be used for investigation of various problems which have to do with Venereal Diseases. Through it one may find out, for instance, in what parts of the country a great deal of infection exists. One may investigate the relation of lack of recreation to immorality, one may estimate the amount of prostitution going on in a city, one may ascertain the existence of houses of prostitution or houses of assignation in a particular area or discover the necessity for better lighting in parks. As a matter of fact through the judicious use of the social case sheet one may arrive at a valuable conception of the problem of immorality, prostitution and Venereal Diseases in any community.

All of the above means that every venereal case should be investigated by means of the social case sheet and that in every investigation there be the utmost accuracy. Generally speaking a male physician should question male patients—the social worker female patients.

By the use of a similar type of investigation among individuals

brought up in police courts or imprisoned in jails or reformatories for the sex offences, one may arrive at an idea as to whether legislation is adequate and as to whether the idea of the legal authorities is merely punishment of the individual or prevention.

(*a*) *Education of Children.*

One of the greatest factors in producing the immorality which is at the back of the Venereal Disease problem is the fact that generally speaking children are allowed to grow up in absolute ignorance of matters of sex and as to the necessity for living a decent moral life. This is very largely due to the fact that parents are uneducated on these matters and unable to educate their children. It is not implied in advocating the teaching of the biology of sex that this alone will provide anything like an adequate protection of young people. It is necessary, however, that children be given some idea of the great purpose of nature and be taught a definite respect for the sex function. Part of such teaching should be definite instruction in citizenship and the stimulation of a spirit of chivalry and idealism which can easily be brought to the surface in any child by carefully planned educational measures.

The method by which such information should be given to children has long been a subject of controversy. It is now generally agreed that the parent is the proper person to teach children such matters. This has resulted in the adoption by the British National Council for Combating Venereal Diseases of a plan for teaching classes of parents in schools in order that they in turn may undertake to teach their children. The moving-picture may be utilized for this purpose and there are already a number of useful films on the market. One entitled HOW LIFE BEGINS is very good. In imparting information to classes of parents it is important that if possible the general matter of the prevention of Venereal Diseases in its broader aspects as outlined below be brought to their attention with special reference to the supervision and general care of children as well as their education.

The desirability of normal healthy recreation for all children is a matter upon which special emphasis should be laid.

(*b*) *Adults.*

It is important that the adult population should have information on the Venereal Disease problem both on its seriousness and on methods which may be undertaken for preventing Venereal Diseases. Such education is important because it means the formation

of public opinion and the public only arrive at a clear cut opinion when clear cut facts are placed before them.

The Double Standard of Morality.

It is an undoubted fact that society in the past has been prone to visit vengeance on the immoral woman and at the same time excuse moral lapses in the male. This means that a condition of affairs has existed which is not only unfair, but actually conducive to immorality. If sexual offences are wrong in woman they are equally wrong in man and if punishment is to be meted out for such offences it should be shared by all offenders regardless of sex. The prostitute is frequently roughly treated by the legal authorities. The jail and reformatory are considered necessary for her reclamation. At the same time her male companion—equally guilty—goes free. The same conditions obtain in the drawing-room. Too commonly the man of loose morals is welcomed as at least little worse than his fellow who has maintained the highest moral standard. At the same time the woman of easy virtue is shunned. All of this represents a state of opinion which is unhealthy and productive of very bad results. Until people generally come to believe in the single standard of morals progress towards the final elimination of Venereal Diseas from the community will be seriously impeded.

One of the outstanding causes for the existence of immorality and Venereal Disease is late marriage. Marriage is commonly postponed because of economic and social conditions which would seem to make reasonably early marriage impossible. The public should be educated on this matter and the dangers of late marriage explained to them. The economic and social conditions which make for late marriage are definitely remediable. Only an educated public opinion will remedy them.

Another important cause of immorality is the lack of opportunity for healthy recreation. This applies to both children and adults. There would seem to be many possible methods by which existing conditions could be remedied. The schools are, as a rule, for instance, not in use at night. Their utilization after school hours for dramatic entertainments, folk dancing, debates, etc., would be a means whereby children might be under supervision at a period of the day during which many of them may otherwise receive impressions of a dangerous character from associates of a type which are always too frequent. The utilization of church buildings for dancing by young people would mean that young people could indulge in a perfectly innocent and proper pastime

under proper conditions. The general stimulation of all forms of outdoor recreation and sport is also important.

Side by side with problems involving the provision of more recreation is that of supervising existing forms of recreation. Undoubtedly, the unsupervised dance hall is frequently a focus of immorality. This is not due to the fact that dancing is improper but to the fact that the dance hall is used for more than its legitimate purpose. If proper supervision is undetraken there is no reason why a dance hall should be used as a pick-up place nor is there any reason for improper types of dancing.

Housing conditions have a good deal to do with the existence of vice in any community. The crowding of several families into a house intended for one family produces conditions which do not make for normal family life, nor for morality. Again, lack of supervision of boarding-houses may result in dangerous developments. Unfortunately all boarding house keepers are not scrupulous and the use of boarding houses as houses of assignation is fairly common as a result. Licensing of boarding houses on condition that they live up to certain requirements would be a valuable step in advance. One requirement should be the provision of a common room where roomers may receive their guests. The lack of such provision and the receiving of guests in bed-rooms is a frequnet cause of trouble. In large boarding houses for young men or young women definite provision should be made for recreational facilities and for proper entertainment for guests of both sexes.

In public discussion of the general subject it is necessary that great emphasis should be put on the function of the family as the most important social unit. If a member of a family breaks away from normal family associations and leaves home it is necessary that the community should recognize the fact that such person away from parental supervision and family care should have special attention on the part of the community. Such persons multiplied many times in the thousands of young people away from home in large cities make it necessary that we should pay special attention to all matters making for their welfare.

I have touched upon the work being undertaken by Dominion and Provincial Governments in which they receive the co-operation of municipalities and hospitals. I should, perhaps, have said something about legislation—existing legislation and its desirability. In Ontario, as you know, we not only have free treatment, but by virtue of our legislation we are able to compel treatment. This is a decided step in advance—various provisions of the Act having

to do with the preventing of advertising of quack remedies—preventing treatment by other than qualified physicians—compelling hospitals to provide treatment, etc. I need not go into this at this time. I would like to say a word, however, as to the desirability of enlisting voluntary aid.

It has been proved not only in the campaign against Venereal Diseases, but in many other campaigns that a voluntary organization can render great assistance to Governments and can undertake pioneer work of a character such as any Government will hesitate to attempt. The pioneer work of the American Social Hygiene Association and the British National Council for Combating Venereal Diseases are outstanding examples.

This fact was recognized by the Dominion Government in 1919 when at a conference called in Ottawa by the Government in 1919 the Canadian National Council for Combating Venereal Diseases was formed.

The Canadian National Council for Combating Venereal Diseases is a Dominion-wide voluntary organization with branches in all of the provinces and in many of the cities. Its function is to enlist voluntary support in order that the Government treatment scheme may be effective and also to utilize such voluntary support in order that new pioneer work will be done which will result in those things being undertaken which will lead to the final elimination of Venereal Diseases from the community. It is not proposed that the Council should usurp any Government function or do any work which can now be undertaken more efficiently by government or municipality. The Council will undertake new types of education and new types of investigation. Facts, social or otherwise ascertained by investigation will be turned over to the proper Government or other agencies in order that constructive action may ensue. Such action may have to do, for example, with education of the young, treatment of Venereal Diseases, approved police court methods, better supervision of boarding-houses, the organization and stimulation of recreation, both for the young and adults and the care of young people, particularly those who have been removed from the normal restraints of family life at home. Much hitherto unavailable information showing the urgent necessity for new types of community organization may be obtained by the questioning of patients attending Venereal Disease Clinics, utilizing the social case sheet for this purpose.

An example of educational work already undertaken has been the showing of THE END OF THE ROAD throughout Canada.

This has had two results. It has driven many patients in to take treatment at the clinics established in the various provinces, and it has interested citizens generally in the broader aspects of the Venereal Disease problem. A good deal of literature has also been distributed.

It has been found necessary where local branches of the Council have been formed to proceed with the organization of sub-committees of the main local executive committees, each charged with specific duties. Examples of these are as follows:

A Committee of Speakers.—The speakers acting on this committee are utilized to spread information on the various aspects of the subject to numerous types of audiences, in stores and factories, before various clubs, etc. One type of lecture proposed which will doubtless be of value is a lecture to parents in schools, in order that parents may be impressed with the necessity for proper supervision and education for their children.

A Social Aspects Committee.—This committee has to do with getting together workers on various social phases of the question in order that their advice and counsel may be made available. It is hoped that the secretary of this committee will undertake investigations in police courts and jails. At the same time recommendations will be made through the Executive to various local authorities on various matters, e.g., better supervision of dance halls, better policing of streets, licensing and supervision of boarding houses, etc., etc.

A *Medical Committee.*—This committee should consist of all local physicians working on any phase of the Venereal Disease problem. The Medical Committee advises the local executive on all purely medical aspects of the question. The committee should be of value to its own members, the Council, the clinics, etc.

A Nurses' Committee.—A Nurses Committee should have a similar value but deals only with phases of interest to the nurse.

A Committee of Clergymen representative of all denominations has been formed in Toronto. This committee discusses the co-operation which may be rendered by the church in the anti-venereal campaign. Such a committee should be of great value in co-ordinating work among the various denominations and in helping initiate new activities of a constructive character in the local churches.

A Publicity and Propaganda Committee is of value in advising on forms of publicity to be used, e.g., posters, newspaper pub-

licity, moving-pictures. This committee should be composed of members who have had experience in publicity work.

In a brief paper such as this it has been impossible to more than touch on many important matters. Such are—the type of teaching for various sections of the population, adults, parents, adolescents, etc., the possibilities in the co-operation of the church in the direction of either teaching or organized recreation, the desirability of persuading Board of Education that the opening of school buildings at night for folk-dancing, dramatic work, etc., is desirable and the necessity for a direct attack on the prevailing custom of late marriage.

The discussion of these questions must be postponed until a later occasion.

The Relation of Child Labour to Child Health

ARTHUR BUTLER CHANDLER, M.D., *Montreal.*

THE Child Labour Movement is part of the great conservation undertaking known as child welfare, and from an historical point of view it long antedates any other child legislation. Early in the last century the first laws in this connection were passed in England, owing to the exposure of frightful conditions in some of the industries. These laws have been gradually improved since then. The modern child welfare movement, dating back as it does for approximately forty years, and starting by an attempt in France to reduce the infantile mortality rate, has done much to assist those who are trying to minimize child labour.

The cause for the backwardness in child welfare work in this province is not far to seek. It is due to the high birth rate among the French-Canadians. This is a national asset that is being recklessly squandered similarly to all the national resources. The moment this birth rate drops to a noticeable extent then we will find the public making a slogan of child welfare to prevent the extinction of the race. This is the cause that has produced the great welfare efforts in the other countries of the world. At the present time the high birth rate more than balances the awful infantile mortality, so the public feels it can ignore the health of the children.

It is better not to lay too much stress on the physical changes wrought by child labour, because, if premature employment caused no physical damage there would still be an excellent case against it. The damage done to the child from excessive work may be difficult to detect until he has been engaged at it for a period of years, owing to our having no adequate standards of normal development. When it is remembered that the children are seldom given any follow-up care after they begin their employment, it is easy to see the difficulty of getting figures for a large number of cases. The newsboy, unless he has to carry heavy loads of papers over long distances or lose his sleep from early rising and working late, may not have any perceptible physical damage to show, and yet the moral decay from this trade is extreme.

---

*Read before the Anti-Child Labour League at the Royal Victoria College, Montreal, April 12th, 1921.

Physiologists frequently divide the growing period of childhood into three parts according to the varying periods of development, and when the characteristics are more or less similar. Between the first and six years the child is generally considered at its most attractive age. He is very affectionate, easy to control and lead, and secures most of his information and development from imitation and eternally asking questions. From six to fourteen appear new characteristics which are more or less normal according to the degree in which they exist. He is more selfish and very often considerably wilful. At this age, too, we often notice a child telling lies and sometimes stealing, without knowing why he should not do so. Both father and mother are needed, probably to an equal degree, during this period.

Between the ages of fourteen and seventeen the child goes through probably the most important stage of his development. Curiously enough, too, this is the age when we must look after him in industry. It is the age of sex development. He is making the greatest growth in length since the period of infancy. His metabolism calls for a greater supply of nourishment per day than at any future time of his career, unless he is to follow one of the more strenuous occupations. This is the cause for his appearing to be lazy. His reluctance to work is due to the insistent demand of his body for energy to grow rather than allowing energy for work.

One of the striking phenomenon of this period is the boy's rebellion against authority. His will is developing. If this is unduly hindered the type of adult will be lowered accordingly. Monotony at this period of life will kill the best instincts of the future citizen, and very often lead to Bolshevistic tendencies, or sometimes to the vicious characters so often encountered in city life. This is the period when nature demands a variety of scene and occupation. It is now that the vocational school should train the boy that the public school n longer can interest. The school must come to the boy instead of the present unsuccessful method of trying to adapt the boy to the school.

This is the awkward age. Nature is working too fast to be able to produce at once both quality and quantity. The larger bones and muscles are growing at the expense of the smaller ones. Hence we should not put such a boy at a machine which may develop his smaller muscles excessively and make him quick at eye and supply dexterity to the hands. This can only be done at the expense of his frame work or constitution on which he must rely for his health

during the rest of his life. If the bones and muscles are sacrificed severe postural deformities develop which will handicap the child as long as he lives. He will then be refused work by all manufacturers who require a physical examination before employment.

This is the age for careful development of the boy, the time for his education in its broadest sense, the time for prohibiting anything which does not develop. Here we must have a wise mixture of schooling, working and playing, and all must be conducted so as to produce the greatest and wisest development.

Play is one of the strongest of nature's demands. By play children develop their physical and moral natures into those of manhood and womanhood. The values are so real that they endure are long as life does. They are so intangible that they can never be fully estimated, and the loss of them may be so serious as to wreck an individual who would otherwise be an asset to the country. With his fall he may bring down not his family alone; his views may be sufficiently warped to drag down hundreds or even thousands with him.

When the people are convinced that a child is not a little man or woman, but a being in process of constant physical formation, the features of which are so delicate that the same care is required to reach the proper stage of adult life as was needed to save that life in infancy, then no more will be heard of the benefits of hard and exacting labour. It is to be hoped that the method of training children for the struggles of life, by toughening them through early labour, has been discarded forever. Undoubtedly the method broke far more children than it ever made.

Muscular exercise is beneficial. It is the means that nature supplies for strengthening and developing the muscles. It makes them grow. To accomplish proper growth the exercise must be not too severe and not too long continued. Likewise the exercise must be constantly varied. If it be continued after fatigue sets in, only harm can result, as the waste products are not got rid of, but accumulate within the tissues. This will in time lead to atrophy and weakness. It is this danger to be dreaded in factory work. Many of the jobs performed by children are of such a character that only one set of muscles is used. The fatigue of too much standing in boy's work and constantly sitting in girl's occupations leads to postural defects of the feet or of the spine. These defects permanently lower the wage-earning capacity of the workers, and in the case of girls may lead to a permanent derangement of health and difficulty in child-bearing. It is a truism that a boy will never become an

athlete from standing at a loom, delivering packages or picking berries.

Farm labour is cited as a type of work that should be developmental, as it entails plenty of out-door exercise, and besides it is educational. There is little of the latter in constantly doing chores and running messages. The educational result seems to lead the child away from the farm when he becomes an adult. The physical benefits are just as unreal, as country boys are noted for their round shoulders and flat chests. The examination of recruits for the army showed no better results from country recruits than from the city men. In the army camps the city men excelled those from the country in symmetry of body, in quickness and sureness of motion, and in resistance to fatigue, as well as in mental alertness.

What class of children should be entirely eliminated as a factor in the industrial problem? I would say without hesitation that all children more than 10% under weight, that those, with defects of sight and hearing, with poor muscular growth or bone formation, with heart, lung or kidney disease, must not be abandoned by the State to the rigours of an industrial life because they have reached the age of 14 years. It is well known that uncorrected eye defects may increase from 5-15% among employed children.

What ages should children reach before starting work? Fourteen years must be the minimum for all kinds of employment, including farm labour and domestic service. Sixteen years should be the minimum where the work entails any hazard, and eighteen years for those occupations which are extra hazardous.

What should be the restrictions regarding hours of labour? No child can study for a ten hour day; nor play for ten hours or more without harm. How much less reasonable to suppose that a child of tender years, with bones and muscles in the process of formation and growth, may be put to the single task of earning profits for its employer, or bread for its progenitors, for ten to twelve hours per day.

Certain occupations, damaging to all health, are particularly dangerous if not deadly to those who have not attained the strength of adult age. Inspectors must have the right to exclude children from such occupations or transfer them to some other process in the occupation which may not be similarly dangerous. These forbidden occupations must include the following:

1. Processes involving exposure to poisonous dust: e.g., the manufacture of paint or plumbing supplies, typesetting, file-cut-

ting, certain occupations in the manufacture of rubber and storage batteries:

2. Processes involving exposure to irritant dust, e.g., 1. Graphite dust as used in stove polish; 2. Bronzing in lithographing; 3. Cutting, grinding or polishing with emery; 4. Talc dusting in rubber works; 5. Sorting, dusting, cutting or grinding rags; 6, All work in and about mines.

3. Processes involving exposure to poisonous gases and fumes, e.g., Using naphtha in the manufature of rubber goods, jappanned or patent leather; gasses from lead processes.

4. Irritating gases and fumes, e.g., 1. Gassing in textile factories; 2. Singeing in print works, bleaching and dyeing works; 3, Dipping metal in acid solution.

5. Exposure to extremes of heat and other conditions which promote susceptibility to disease.

A glance at our school children only serves to strengthen the case against child labor. There is no disputing the fact that 25½ of all school children are suffering from malnutrition. The recent survey published by Miss Helen R. Y. Reid on the state of the health of Montreal children showed that among the soldiers' families the percentage was even higher than that. As the worst school is safer for the child than the best factory one might well indict all child labour as being unfit for a child. That the young adults of to-day are far from being good specimens was shown by the examinations for the army. About one-quarter of all applicants had to be refused, owing to defects. These are sorrowful figures from a health standpoint, but must be faced unless we are to rest in a fool's paradise. Should not such results spur us to greater efforts to look after the health of the children of to-day who will be the men and women of to-morrow?

London Social Service Council Report of Public Health Committee on Infant Mortality

Committee.—Lt.-Col. Wm. M. Gartshore, Pres., London Child Welfare Association; Miss Bertha Smith, Supervising Nurse, L.C.W.A.; Dr. W. S. Downham, M.O.H., London; Mr. R. H. Sanders, Inspector, B.O.H., London; Miss Helen Tufts, Assistant Secretary, London Children's Aid Society; Miss B. D. Friend, Industrial Nurse, Sommerville Box Factory; Dr. H. W. Hill, Director, Institute of Public Health, Chairman.

INTRODUCTION.

THE twentieth century already has been signalized by a remarkable turning of human attention from human surroundings to humanity itself.

The nineteenth century dealt largely with developments in physics, chemistry, biology, mechanics, engineering. It saw the development of great railroads and steamship lines, the growth of huge cities, the establishment of enormous fortunes, an unprecedented development in all the physical and biological sciences. This latter, with the discovery of bacteria as the cause of most disease, placed the treatment of the sick medically and surgically on a quite new basis, making a science of the care of the sick, which previously had been at best a very crude art. From all this increase in knowledge of the surroundings of man came a new view point of man himself.

This twentieth century development of the study of humanity has developed a keener appreciation of the value of the individual, not only to himself but also to the community; and has recognized that the value of the strong, healthy, active individual is much greater to the community than that of the defective, the weakling, the unfit in any respect. Hitherto physical disabilities have been looked upon as individual misfortunes. Now they are seen as community misfortunes also. The appalling physical defectiveness of the average citizen, brought out vividly by the physical examination carried on for war purposes, made this particularly evident and resulted in a search for the underlying causes. It was soon seen that the effect of the immediate environment was a quite inadequate explanation. Inspection of school children, both in town and country, revealing similar defective physique, led to the examination of children at still earlier ages, and we are now compelled to admit that defective adults are to a large extent defective not because of their adult or adolescent life history or surroundings, but because of improper conditions existing when they were children,

when they were infants or even more before they were born; not environmental conditions in the ordinary sense, but intimate physiological conditions affecting their bodies from within, not from outside—*disease, nutrition, heredity.*

Thus has arisen the great Child Welfare Movement, which bids fair to nickname the twentieth century "The Century of the Child," and thus has arisen also the guiding principles of the movement, which may be summarized as "the individual *first—then* his surroundings."

That Child Welfare must begin with the parents has been recognized by philosophers for thousands of years. The practical application of this philosophy is seen to-day as an outgrowth of the studies of infant mortality. These studies began with the idea of discovering how to care for babies and preserve them to the race by measures applied after the baby was born. But the evidence obtained showed that in a preponderating proportion of cases, such measures must antedate birth to be effective.

The Child Welfare Movement has not shifted its ground; but it has expanded its territory—to include prenatal conditions. It has recognized not only the need of saving babies, but of saving mothers;* not only of preventing deaths, but in some instances of preventing births, that otherwise inevitable deaths need not occur. The prevention of child-bearing by parents unfit to produce healthy offspring, especially childbearing by those feeble-minded parents who inevitably produce feeble-minded offspring, is as important a subject in the child welfare as is the cutting down of infant mortality by prolonging the lives of the fit: and far more important than prolonging the lives of the unfit.

CHILD WELFARE ASSOCIATION.

The causes of infant mortality in London, Ontario, have been studied at first hand by the Child Welfare Association of London for some years. This Association was inaugurated after a most successful and inspiring Baby Week Campaign held in February, 1918, when 430 babies were examined and submitted to the weighing and measuring tests for development and nutrition.

A weekly clinic for sick babies and preventive work was opened in Victoria Hospital on March 12, 1918, but owing to there being

*The general (U.S.) death rate of mothers in childbirth has recently been announced as 88.48 per 10,000 births (including stillbirths). *Am. J. of Hygiene.* March, 1921.

no way of following these cases into their homes, it is difficult to judge results.

September 1st, 1918, the first Child Welfare Nurse, Miss Bertha Smith, was appointed to give full time to this work, and January, 1919 saw the opening of three Well Baby Clinics, at Talbot Street., Riverview and Chesley Avenue Schools.

There any mother could bring her baby to be examined and, if the baby were well, received advice how to so feed and otherwise care for that baby as to keep it well: if the baby were undernourished, how to bring it up to normal; if any defect were detected, the mother was advised to have such remedied and referred to her family physician for treatment. If she had no physician she was referred to the Out-door Department of Victoria Hospital.

There have been 3 classes of babies brought to the clinics; the normal babies; those babies in whom some defects were found, and the malnourished, from those slightly underweight to a degree of emaciation resembling that of famine babies.

The opening of the clinics, coming directly after the terrible "flu" epidemic of October-December, 1918, unearthed many of these malnourished babies. Some of these infants had lost their mothers at birth, others were born prematurely, while the mothers were very ill. Deprived of their natural nourishment, mother's milk, and entering life thus handicapped, these infants were slowly dying of starvation for want of the food their weakened digestive organs could take care of.

To many mothers the family physician had given formulas and feeding directions, but there was no one to see them properly carried out. Probably the baby did not gain at once; and then the advice of neighbours was taken to change the food; so that the babies steadily lost weight. In each clinic there were from one to three of these cases, and it was a work of infinite patience to get good results. It meant not only a weekly weighing, the result of which indicated the suitability of the quality and quantity of food prescribed by the doctor in attendance, but almost daily visiting, demonstrating the preparation of food. Directions may be ever so clear and yet misunderstood, but the preparation of food under the mother's eye and the demonstration to the mother of exactly how much to increase daily to get up to the prescribed formula leaves little room for mistake. The regulation of the hours of feeding and sleep, the temperature and ventilation of rooms, the clothing, the handling, or rather, non-handling, etc., were taught, but, and to get these rules rigidly carried out, required all powers

of persuasion and patience; "baby cried" being generally considered sufficient excuse for disregarding them. It was a tedious process, but the reward came when, at the Annual Baby Week Exhibit in the spring of 1920, these same babies competed for prizes with normal babies, who did not enter life with their handicaps, and were put in the A1 Class. If the London Child Welfare Association had done no more than make this possible, this alone would justify its existence.

Another class of children were found undernourished from defects, principally diseased tonsils and adenoids, which the mothers were advised to have removed and were referred to their family physicians, or if none, to the special eye, ear and throat clinic at Victoria Hospital. It was gratifying to see the improvement after operation in many of these cases. These histories are continually being repeated from mother to mother, and so many more come for this preventive advice. The clinics have increased, gradually at first, more rapidly the last six month, until the attendance now ranges from 3 to 42, with an average of 19 for the past six months, as against 9 for the first year of the clinic work. The number of families being visited increased from 280 on March 1st, 1920, to 456 on March 1st, 1921, at which date another Nurse was added to the staff, making 4 in all.

What Tangible Results are there from this Work?

1st. The increasing number of healthy, well-nourished children and of mothers being educated to the fact that baby-raising is as important a science as raising puppies or canary birds, or any other branch requiring special knowledge and skill.

2nd. Most striking to the average observer, the lowering of the infant mortality rate of 1920 from that of 1919 by about 12 per cent.

Where Have These Reductions Been Made?

Principally in deaths from gastro-intestinal diseases, in death from infections (other than flu-pneumonia) and deaths in children suffering from malnutrition.

The deaths from gastro-intestinal diseases were:

In 1916—57, or about 4½ per cent. of total live births.

In 1917—38, or about 3½ per cent. of total live birts.

These in 1919 were reduced to 6, or ¾ of 1 per cent. of total live births, and in 1920 were further reduced to 10, or 7-10 of 1 per cent. of total live births.

In the Well-baby Clinics mothers are taught that prevention is better than cure, the importance of cleanliness of body and surroundings, the importance of taking care of milk and protecting food from flies, the importance of feeding properly, that children be well nourished and not fall ready victims to disease, and above all, the importance of breast feeding their infants and of what mothers' milk means to their babies. These teachings have without doubt largely contributed to this reduction.

The reasons for the high rate of infant mortality, apart from those deaths caused by the prenatal condition of the mother seem to be:

1st. The almost criminal lightness with which babies are deprived of their natural food, mother's milk, and put on artificial feeding, and where this is done the advice of neighbours and friends followed as to food, instead of consulting a qualified physician or bringing to a clinic.

2nd. The ignorance of so many young mothers of the principles of good housekeeping. In these days of high cost of living, the earning capacity of each member of the majority of families must be utilized. Girls leave school at 14, enter factories, marry early, and begin homes of their own without any preparation for the duties they are undertaking. They know little of the preparation of nourishing foods and fall back upon ready to eat boxed and tinned foods, expensive, and with little nourishment in them. Domestic science as now taught in schools is a big step in the right direction, but if now that the school age is being raised from 14 to 16 years, one at least of these years could be spent in a school of housewifery, where mother craft is taught as well as good housekeeping methods, much might be done towards making happy homes for our citizens as well as materially lowering our high rate of infant mortality.

To be continued.

Report of the Committee on Public School Education

BY MARY E. CRAWFORD, *Chairman Committee on Public School Education, Canadian Public Health Association.*

THE work of your committee this year has consisted in following up that done last year, which was to find out in a general way what health standards obtained in the Public Schools of the Province and chief cities of Canada.

The report presented to you at last year's Congress showed, as a result of the questionnaire sent out, that education of the school children in health was by no means uniform throughout the Dominion, and that on the whole the subject of health teaching has no essential place on the school curriculum.

The health of the children themselves, is cared for, however, with a thoroughness that is highly creditable to the school medical authorities who in the majority of cities are carrying on the work with staff inadequate in numbers.

Your committee felt that it is this very fact which is acting as a handicap in the carrying out of the proper instruction of our school children in the essential facts of health so that they may understand what health really means.

In order to ascertain the standards of our provinces and cities in the teaching of this subject in the urban and rural schools, a questionnaire was prepared and sent out this year to the cities, and in a slightly different form to the provinces. It embodied two recommendations which were designed to form a basis for an adequate system of health teaching, which those replying could amend as they saw fit.

The questionnaire did not always fall into the hands of the school medical authorities, and this gives an interesting variety to the answers, since we get a different view point.

In passing, a suggestion occurs as a result of this. Would it be possible for the C. P. H. A. to publish annually through the journal lists of all those in charge of the medical work in schools throughout Canada? In this way we might be able to keep more closely in touch with each other, with more uniform results in our work.

The answers from 13 cities have been returned by 7 school medical officers, 1 nurse, 1 superintendent of schools, 1 medical officer of health, 1 public school inspector, 1 secretary of the school board. and 1 superintendent of child hygiene. The Provincial returns were sent in by 4 Provincial Medical Health Officers, 1 Provincial Medical Officer of schools, and 1 Director of School Hygiene.

Cities replying are:

Calgary, Saskatoon, Regina, Quebec, Halifax, London, Montreal, St. John, N.B., Sydney, N.B., Toronto, Winnipeg, Vancouver, Windsor and Brandon.

The recommendations sent out are as follows:

1st. That since it is desirable that the teaching of the principles of health and hygiene should have a definitely established place in the Public Schools of Canada, and since the school nurse is specially trained in this subject, sufficient nurses be employed to enable them to give adequate time for this purpose, each nurse to have not more than 1,000 children in her care.

2nd. Also, that tests be set for the children in this subject, and that these be given the same credit as other subjects on the school curriculum.

The questionnaire for cities is as follows:

How many nurses are employed in your city schools?

How many of them are engaged in the systematic teaching of hygiene throughout the year?

How many children has each nurse in her care?

What is your opinion of recommendation No. 1?

What is your opinion of recommendation No. 2?

Would you endeavour to use your influence to carry this measure into effect in your city?

What suggestions would you offer as to the best method of accomplishing this?

The questionnaire for the Provinces is as follows: (These questions apply only to rural or suburban districts in your Province.)

How many nurses are employed in your Province who have schools in their care?

How many of these are engaged in the systematic teaching of hygiene throughout the year?

How many children has each of these nurses in her care?

What is the area of territory covered by each nurse?

The last four questions are the same as in the other.

Summarizing the answers, gives the following results:

Thirteen cities responded.

The answers to questions 1 and 3 show that in 1 city each nurse has 800 children in her care (Quebec Protestant schools).

In 1 she has 1,000.
In 1 she has 1,200.
In 1 she has 1,500.
In 1 she has about 1,600.
In 1 she has 1,600.
In 1 she has 2,000.
In 1 she has 2,150.
In 1 she has 2,250.
In 2 she has 2,500.
In 1 she has 3,300.
In 1 she has 4,000.
In 1 she has 7,500.

How many engaged in systematic teaching of hygiene?
Taught definitely by teachers, 7.
Practical teaching by nurses, 1.
Teaching by nurses incidental to their examinations, 1.
Health Talks given systematically in class room, 3.
Unanswered, 1.

Opinions of recommendation No. 1.
Teaching should be done by teachers rather than nurses, 4.
Teaching should be done by nurses rather than teachers, 6.
Teaching should be done by teachers, nurses co-operating, 2.

Opinions of recommendation No. 2 (Tests), unanswered, 1.
Already in effect, 3.
See that teaching is carried out in practice rather than tests, 2.
Approval (unqualified), 8.

3. Cities anticipate objections to No. 1 on account of increased expense.

Of those who think that nurses should do the health teaching include: 3. Medical Offiicers of schools. 1. Secretary of School Board. 1. Superintendent of Child Hygiene.

Those who prefer co-operation of both teachers and nurses include: 2. Medical Offiicers of Schools.

That tests should be given, met with some opposition; 1. Medical Health Officer, and 1. Medical Officer of Schools preferring that health rules are carried out in daily practice only.

In 3 cities the giving of tests with equal credits is already in effect, Halifax, London and Windsor. In the last-named city the nurses mark the examinations in hygiene.

Of the eight who give unqualified approval, one adds as his rea-

son that the understanding of health is more important than any other subject on the curriculum. I feel sure that in saying this that he is expressing what we all agree with, and that is exactly the point that we wish to impress on all school authorities.

Some excellent suggestions were received as to how to go about it. To quote: From Calgary Dr. Geraldine Oakley, "Each nurse to give a lesson to each school room once a month, on points taught by the teacher. Question to see if these have been understood. This should work out at one lecture a day."

Dr. Eugene Gagnon, Montreal, says: "Prepare a detailed programme outlining important subjects, and to what grades these should be applied, and take up, with interested authorities."

Dr. Hastings, Toronto: "Explain to educational authorities and have nurse demonstrate value in schools. Let nurse interest teacher to teach hygiene."

Dr. Wightman, Vancouver: "Impress advantages of nurses being assigned this duty, upon Provincial Government, city and municipal councils, and public school trustees, and give summer courses for nurses to train them to teach health."

All of those who preferred that teachers should give this teaching, did so on the ground that the teaching would be done more efficiently by them, and, of course, a necessary corrollary to this is that it should be included by every Province in the Normal School Training Course.

In this connection Dr. Wightman's suggestion is worth noting.

The Provinces replied as follows:

Six returned the questionnaire out of nine communicated with —Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba and Saskatchewan.

No reply was received from Alberta, British Columbia, Yukon Territory.

Number nurses employed in rural and suburban districts, 2.
8 employed now, shortly to be 18, 1.
50 employed in 1.
Nurses employed in 7 rural districts, 1.
Nurses accompany school inspectors, 1.
Number of children in charge of each nurse:
2,000 to 6,000, 1.
600 to 1,000, 1.
None in 2.
No information, 1.
Arera of territory covered:

1,000 to 2,000 square miles, 1.

2 townships to an area 3 miles square none, more than 40 class rooms, 1.

2 to 30 miles radius, 1.

None, 2.

No information, 1.

Nurses definitely engaged in teaching hygiene, 3.

None in, 2.

No information, 1.

Opinion of Recommendation 1:

One says: "Better done by physicians, nurse to illustrate tooth brush drill," etc.

Two say: "To be done by nurse, and that she should have no more than 1,000 children in her charge if general public health work is done by this group of nurses."

No answer from 1.

Opinion of Recommendation 2:

Tests already given by Dept. of Education, 1.

Tests should be given, 2.

Presented as a complement to other work, no tests in beginning, 1.

More emphasis should be placed on practical results, 1.

Unanswered, 1.

Suggestions:

Question to be left to Board of Education, 1.

Teachers are already qualified to teach if necessary, schools overloaded by extraneous teaching and interference of outside voluntary organizations, 1.

Teachers to co-operate with nurses, 1.

Representatives from Health Department should bring measures to the attention of Ministers of Education of various Provinces for their co-operation, 1.

No suggestion, but willing to co-operate, 2.

The conclusions that may be formed from all the foregoing material are—that the majority of opinions favour:

That systematic teaching of essentials of health should be carried out in all public schools.

That teachers should teach this subject, and that nurses should teach, opinions are divided.

But that whoever teaches it, should have a thorough training in the subject, and how to teach it all are agreed upon.

And that as a natural consequence of this training, tests of equal value with other subjects on the curriculum should be prescribed. At present this subject depends too much upon the teacher's interest in it. Your committee feel in common with the majority of opinion that the only way to emphasize it is to make it a required subject with tests.

Also that the material to be taught should be carefully graduated to suit different grades, working up from simple statements of physiological facts to the more detailed teaching in the proper hygienic measures to be followed in maintaining health standards by correct living and prevention of disease.

One excellent suggestion came from the Superintendent of Winnipeg schools: "That reading lessons on health and hygiene, graded to suit, should be incorporated in every school reader, and that this period be used to instil necessary facts."

Your committee would like to have from this Congress some suggestion as to the following up of this subject in the future, which could be acted upon by whoever is to undertake it in the coming year.

For instance, the outlining of a suitably graded course in health and hygiene for use in the schools for presentation to the Provincial and Health and Educational authorities for their approval.

This would be a rather ambitious undertaking and would call for a carefully selected committee to carry it out, and a good deal of time should be spent upon it. It would, of course, be first submitted to the C. P. H. A. to be passed upon.

We wish to recommend that the proceedings of this present Congress be published as a whole, so as to be more readily accessible.

Social Background

Canadian Conference on Public Welfare

PROVISIONAL PROGRAMME.

MONDAY, SEPT. 26TH—HALF HOUR PAPER, HALF HOUR DISCUSSION.

Morning—Registration.

11.00 a.m.—Executive Meeting.

Afternoon—Housing.

2.30-5.30—(a) House Construction under Dominion Act.
An Ottawa Official

(b) Essentials in a law respecting tenement property and problems of enforcement.

(c) The social effect of Bad Housing.

Evening—Banquet—

7.30 p.m.—President's Address.

Toasts—The Mother Country.
The Dominion.
The U. S. A.
The Province.
The city.

9.30 p.m.—Reception of out-of-town delegates.
Music, Dancing.

TUESDAY 27TH.

Morning—Desertion and Non-Support.

10-12 a.m.—(a) Existing legislation deficiencies and enforcement problems. The extradition treaty amendment.

(b) Social causes and social effects of Desertion and Non-Support.

Afternoon—Illegitimacy.

2.30-5.30 p.m.—(a) The case treatment of the unmarried mother.

(b) Recent legislation.

(c) A study of causation.

Evening—Industrial Relations.

8.30-10 p.m.—(a) Cost of living and wages; their rise and fall, Dept. of Labor, Ottawa.

(b) Joint Councils of Industry in Canada.
Mr. Francis Hankin, B.C.L.

(c) Labor's idea of the necessary motivation to individual industry.

WEDNESDAY 28TH.

Morning—Immigration and Colonization.

10-12 a.m.—We are seeking suggestions from the West.

Afternoon—Social Diseases.

(a) Venereal Diseases.
(b) Tuberculosis.
(c) Mental Diseases.

Presented by representatives of National Committees.

Evening—6.00 p.m., Supper.

Reports from Provincial Secretaries.
Annual Meeting.
Election of Officers.
Selection of Conference City for 1922.

National Council of Child Welfare programme is being developed by that body for Thursday and Friday's sessions.

The Provincial Board of Health of Ontario

COMMUNICABLE DISEASES REPORTED BY LOCAL BOARDS OF HEALTH FOR THE MONTH OF JULY, 1921.

COMPARATIVE TABLE.

	1921.		1920.	
	Cases.	Deaths.	Cases.	Deaths.
Smallpox	104	1	142	0
Scarlet Fever	101	3	169	4
Diphtheria	285	19	302	46
Measles	223	3	1419	15
Whooping Cough	227	7	106	5
Typhoid Fever	44	18	35	8
Tuberculosis	165	121	161	82
Infantile Paralysis	3	0	2	0
Cerebro-Spinal Meningitis	4	4	3	3
Influenza	2	2	9	9
Pneumonia	.....	114	.....	116
	1158	292	2348	288

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH FOR JULY, 1921.

COMPARATIVE TABLE.

	1921 Cases.	1920 Cases.
Syphilis	159	131
Gonorrhoea	204	135
Chancroid	4	0
	367	266

SMALLPOX CASES REPORTED BY LOCAL BOARDS OF HEALTH FOR THE MONTH OF JULY, 1921.

	Smallpox.	Cases.	Cases.
Carleton	Ottawa	33	0
	New Richmond	1	0
	Nepean Tp.	2	0
Essex	Essex Border Mnp.	2	0
Frontenac	Kingston Tp.	1	0
Grey	Hanover	1	0
	Meaford	1	0
Hastings	Marmora V.	1	0
Kent	Ridgetown	1	0
Lambton	Enniskillen	2	0
	Warwick	1	0
Lanark	Pakenam	1	0
Leeds and Grenville	Lansdowne Rear	7	0
Middlesex	London	3	0
Nipissing	North Bay	1	0
Ontario	Oshawa	1	0
Peel	Bolton	5	0
Simcoe	Orillia	2	0
Sudbury	Sudbury	1	0
Timiskaming	New Liskeard	2	0
	Latchford	2	0
	Thornlow	1	0
	Haileybury	1	0
	Dymond	1	0
Victoria	Ops	2	0
	Emily	4	0
Waterloo	Kitchener	2	0
	Waterloo Tp.	7	1
	N. Dumfries	1	0
Wellington	Arthur Tp.	1	0
	Eramosa	4	0
	Mt. Forest	1	0
	Guelph Tp.	4	0
Wentworth	Hamilton	1	0
York	Toronto	3	0
		104	1

The North European Conference on Venereal Diseases

THE first North European conference on venereal diseases opened at Copenhagen on May 20, under the auspices of the League of Red Cross Societies. Besides the Danish Red Cross Society, which is acting as host and convenor of the conference, the latter is attended by representatives of the following national Red Cross Societies: Finland, Germany, Great Britain, Holland, Norway and Sweden.

In December, 1920, an All-America conference on venereal diseases was held at Washington, D. C., and was attended by representatives of North and South America. The results of this conference, which are expected to be very far-reaching, are to be presented to the Copenhagen meeting.

The problems under discussion at the conference are: (1) general summary of the conditions in each country; (2) medical measures against venereal diseases; (3) educational measures against venereal diseases. These subjects are to be presented by each national Red Cross delegation participating in the conference.

Special questions under consideration are:

(1) The supply and cost of arsenical compounds for the treatment of syphilis; the possibility of establishing an international standard for the export and import of such compounds. (2) The provision in important ports, by international agreement, for the treatment of cases of venereal diseases among sailors. (3) The Red Cross in the anti-venereal campaign, its relation to government and voluntary agencies. (4) Medical measures for the prevention of venereal diseases.

The following is the list of the delegates of the Red Cross Societies participating in the conference.

Danish Red Cross Delegation.—Prof. Harald Hoffding, president of the Danish R. C. Society; Dr. Thorvald Madsen, director, Serological Institute, Copenhagen; Prof. Rasch, Dept. of Dermatology and Venerology, University of Copenhagen; Dr. O. Jersild, Dept. of Venereal Disease and Dermatology, Rudolph Bergs Hospital, Copenhagen; Prof. E. Ehlers, Dept. of Venereal Diseases and Dermatology, City Hospital of Copenhagen; Mr. U. Woldike, School

Inspector; Mr. Schepelern Larsen, Inspector of Sanitary Police; Dr. Svend Lomholt, Dept. of Venereal Diseases and Dermatology, Royal Danish Marine Hospital, Secretary of the Delegation.

German Red Cross Delegation.—Prof. Jadassohn; Prof. Galewsky; Prof. Pinkus.

British Red Cross Delegation.—Col. L. W. Harrison, British Ministry of Health, Director of Venereal Disease Clinic, St. Thomas Hospital, London; Dr. F. N. Menzies, Principal Assistant Medical Officer, Public Health Dept., L. C. C.; Mrs. Neville Rolfe, Gen. Sec., National Council Combating Venereal Diseases.

Finnish Red Cross Delegation.—Dr. W. Stockmann.

Dutch Red Cross Delegation.—Prof. G. J. W. Koolemans-Beijnen, Dept. of Tropical Diseases, University of Leiden; Dr. W. F. Veldhuijzen, Asst. Director, Wilhelmina Hospital, Amsterdam.

Norwegian Red Cross Delegation.—Dr. Kristian Gron, Director, Christiania Public Hospital.

Swedish Red Cross Delegation.—Dr. Karl Marcus, Medical Superintendent, St. Goran Hospital, Stockholm; Dr. Sigurd Ribbing, Medical Department, Swedish Government.

League of Red Cross Societies.—Prof. C. E. A. Winslow, Director, Dept. of Health; Mr. Walter Clarke, Chief, Division for Combatting Venereal Diseases; Lt.-Col. T. F. Ritchie, late R. A. M. C., Asst. Chief, Division for Combatting Venereal Diseases; Mr. L. E. Gielgud, Dept. of organization; Mr. S. R. Hodges, Secretary of Delegation.

Following this first North European conference on venereal diseases in Copenhagen, the League of Red Cross Societies expects to arrange other conferences of groups of nations, both in Europe and in other parts of the world.

Resolutions Arising out of the Proceedings of the Ninth European Red Cross Conference on Venereal Diseases Copenhagen, May 20th-25th, 1921.

This conference, having considered the general measures for the combatting of venereal diseases, which have been adopted by the participating countries, is unanimously of opinion, so far as the experience of these countries is concerned.

(1) That the provision, by responsible health authorities of adequate facilities for diagnosis and treatment on lines which ensure that the greatest possible number of infected persons is rendered non-infective is a measure of prime importance to the reduction of

venereal diseases. The urgent necessity of commencing treatment at the earliest possible moment should be emphasized. It is suggested that the above facilities should be provided free of cost to the patient where they are otherwise unlikely to be utilized to the fullest extent.

(2) That the questions of compulsory notification and of compulsory treatment, being dependent on the experience, resources and psychology of the people concerned in each country, must be decided by individual nations.

(3) That instruction, theoretical and practical in the recognition of venereal diseases, particularly in their earliest manifestations and in their treatment should form a part of the curriculum of every medical student and that satisfaction of a test of proficiency in this subject should be a condition of every medical qualification.

(4) That provision should be made, at suitable treatment centres, for such instruction of medical practitioners in the diagnosis and treatment of venereal diseases as will enable them to recognize these disabilities promptly and secure their adequate treatment.

(5) That the regulation and official toleration of professional prostitution has been found to be medically useless as a check on the spread of venereal diseases and may even prove positively harmful, tending, as they do, to give official sanction to a vicious traffic.

(6) That the provision of hostels and rescue homes for the temporary care of girls suffering from venereal diseases is a valuable means of preventing the spread of these diseases.

(7) That the provision of opportunities for wholesome entertainment and recreation is an important factor in reducing the temptation to exposure to venereal infection.

(8) That enlightenment of the general public on lines which are best calculated to minimize exposure to infection and emphasize the necessity of thorough treatment, is an essential part of any scheme for the combatting of venereal diseases. Instruction should particularly be addressed to parents and teachers in such a form as will enable them to give clear information on the reproduction of life and impress on adolescents the importance of individual responsibility to future generations. In the training of teachers, special courses on these subjects should be provided.

(9) That this conference welcomes all efforts of Red Cross Societies directed towards supplementing the efforts of official governmental agencies where the circumstances in the respective countries permit and indicate such activities, and in supporting the work of voluntary societies in the campaign against venereal diseases; and

also welcomes the efforts of the League of Red Cross Societies in co-ordinating the activities of voluntary societies in this campaign throughout the world.

TREATMENT OF SEAMEN SUFFERING FROM VENEREAL DISEASE.

The North European Conference on Venereal Diseases assembled at Copenhagen May 20th to 25th, 1921, is impressed by the high importance of combatting venereal diseases amongst merchant seamen, not only as a measure of humanity to seafarers, but also as a measure of protection against the spread of these diseases, and is strongly of opinion.

(1) That facilities for the scientific diagnosis and the treatment of venereal diseases in merchant seamen by skilled specialists should be provided at all the important ports of the world.

(2) That, in anticipation of the signature of any international agreement on the subject, steps should be taken by all maritime nations to provide these facilities with the least possible delay.

(3) That treatment, including maintenance in hospital, in the special cases where this is essential, should be free to merchant seamen of all nationalities.

(4) That crews of incoming vessels should be informed of the existence and location of treatment centres at each port of call, and of the hours of consultation. This should be the duty of the health authority of the port, but it is suggested that, in the course of time, it should be possible for a ship's master to collect this information and to post it up well in advance of the ship's arrival.

(5) That, in order to secure intelligent continuity of treatment, the details of treatment, progress and results of pathological examinations should be entered on a card, to be carried by the patient.

(6) That the expressions and terms used on the patient's card mentioned in (5) should be based on an international code, so as to be intelligible to the medical officers at the treatment centres of all ports.

(7) That in view of the many different methods of performing the Wassermann test and the different systems of notation employed, it is desirable that an authoritative comparison between the principal methods and notations should be carried out. It is suggested that this work might be undertaken by the health organization of the League of Nations.

(8) That facilities for the continuation of such treatment as is within the capacity of a member of the crew appointed for the purpose should be provided on all ships.

(9) That in view of the fact that much venereal disease is contracted by men who would not have exposed themselves if there had been other pastimes available, the provision of healthy and attractive recreations at all ports is a measure of the greatest importance to the prevention of venereal diseases. It is suggested that this provision is one which could most suitably be undertaken by shipowners' and seafarers' organizations, supported where desired by the local authority, and voluntary organizations for the promotion of social welfare, at each port,

(10) That a copy of these resolutions be communicated to the Governments of all maritime nations, to the League of Nations, and to the Red Cross Societies of the world.

Venereal Disease Conference in Newark

THE conference on the diagnosis and treatment of gonorrhoea and syphilis, conducted in the Newark City Dispensary and Hospital under the auspices of the Venereal Disease Bureaus of the State and Newark City Health Departments, were attended by approximately one hundred and fifty physicians from New Jersey, New Yark and Pennsylvania.

THE WEDNESDAY MEETING—SYPHILIS.

The first session began with an exhibition of seventy stereopticon slides illustrating the cutaneous manifestations of syphilis, some of which are but rarely seen to-day because of the improvement in the methods of diagnosis and treatment. Dr. Howard Fox, Clinical Professor of Dermatology at the New York Polyclinic Medical School, and Chairman of Section of Dermatology of the New York Academy of Medicine, discussed each of the pictures as shown.

Dr. Mihran B. Parounagian, Director of the Department of Syphilology at the Bellevue Hospital and Medical College, described the routine treatment of syphilis as conducted in the Bellevue Clinic and discussed the administration of the drugs used in the treatment of syphilis.

In the afternoon, the Newark Dispensary Clinic staff demonstrated the administration of silver and the old arsphenamine, and the injection of both the soluble and insoluble mercury salts. At this demonstration the large attendance at the dispensary syphilis clinic provided ample material for the injections and the physicians were shown the method by which this large number of patients could be handled expeditiously during the limited time of the clinic.

After a demonstration of the differential diagnosis of the Treponema pallida with living cultures of the organisms causing syphilis, and vincent's angina, the physicians inspected an exhibit of the Wassermann reaction and the colloidal gold test.

The remainder of the afternoon session was devoted to a special discussion and demonstration of the technique of arsphenamine administration by Dr. Parounagian.

THE THURSDAY MEETING—GONORRHOEA.

The second day of the conference opened with an operative clinic by members of the Newark clinic staff at the Newark City Hospital.

The remainder of the morning was devoted to practical demonstrations of the treatment of gonorrhoea and its complications as conducted in the Newark City Dispensary Clinic. This clinic has a very large attendance. The clinic management allows the maximum of attention to the individual patient by dividing the cases according to the stage of the disease, each group being treated by one of our physicians attending the clinic.

In the afternoon Dr. E. L. Keyes, Jr., Prof. of Urology at the Cornell University Medical College, confined his remarks to the fundamentals of the "Pathology and Treatment of Chronic Gonorrheal Urethritis." Dr. Keys pointed out the importance of obtaining a positive diagnosis in chronic gonorroheal urethritis, and urged the use of the complement test as corroborative evidence. He pointed out the inefficiency of surface irrigation when the infection is located below the surface of the urethra, and urged the need for genital mechanical treatment of the infected areas.

The last paper on "Some Complications and Sequelae of Gonorrhoea and Their Treatment," was given by Dr. Conlin Luke Begg, Assoc. Prof. of Urology at the New York Post Graduate Medical College and Hospital, and President of the New York Urological Association. Dr. Begg discussed the symptoms of acute gonorrhoea; urged that the patient be placed in bed if possible; that the diet be regulated; that hot baths be employed twice daily; that alkaline diuretics be employed; and that atropin or belladonna be used to control pain, when necessary. He cautioned against the use of instrumentation in acute gonorrhoea except when in the hands of a physician particularly experienced in their use.

The symptoms of posterior urethritis were discussed and the methods of diagnosis. The rectal examination of the prostate and seminal vesicles was described. Dr. Begg discussed the use of gonorrhoeal vaccines and concluded with a discussion of the treatment of epididemitis.

The conference closed with a "bedside" clinic at the Newark City Hospital where Dr. C. R. O'Crowley, Chief of the Newark Clinic, discussed the treatment of gonorrhoea cases and demonstrated the use of the cystoscope.

The conference on the diagnosis and treatment of gonorrhoea and syphilis has demonstrated the advisability of co-operative effort upon the part of municipal and state health departments in rendering a postgraduate service to the medical profession. The health authorities are stimulated by such a conference to further work. Physicians are rendered a distinct service which they appreciate, and the public is ultimately benefitted by better diagnosis and better treatment, through more enthusiastic service by the entire medical profession.

News Notes

Toronto General Hospital has procured 150 milligrammes of Radium at a cost of twenty one thousand dollars.

His Excellency, the Governor General, has consented to become Patron of the Canadian National Council for Combating Venereal Diseases.

The Provincial Government of Saskatchewan in the recent election campaign expressed their intention to further extend their assistance to the work in the interest of the tuberculous in the Province. Immediately after their election they appointed a Royal Commission to investigate and report upon a complete programme of activities, looking towards assisting to the utmost, those afflicted with the disease, and adopting machinery which will locate the clinical cases and establish treatment, in the earliest stages of development. And institute further measures to diminish the incidence of the disease.

Sheriff Cook, of Regina, President of the Canadian Association for the Prevention of Tuberculosis was appointed Chairman, Dr. R. G. Ferguson, Medical Superintendent of the Saskatchewan Sanatorium, Fort Qu'Appelle, and Mr. Cairns of Saskatoon, are the members of the Commission.

The Canadian National Council for Combating Venereal Diseases is in receipt of a new set of excellent educational posters issued by the British Council. Copies of these posters will be issued to the local branches of the Council as soon as an adequate supply is obtained.

Dr. W. A. Stile of "Child Health Special," extended the privilege of the Canadian Association for the Prevention of Tuberculosis of taking part in the exhibit section of their train. This favour was much appreciated and it is hoped educational work by distribution of French and English literature, bearing on Tuberculosis, will result in material good, having been accomplished in the forty odd municipalities visited in the Province of Quebec.

A note from New Glasgow, N.S., gives interesting details as to the work carried on in the New Glasgow Baby Clinic. The clinic is a Well Baby's Clinic and was organized under the Women's Council in the summer of 1919. It is held every Thursday afternoon from 2 to 5 in the Wilson Institute where there is a nice large room suitable for the work. Miss Hannah Matheson is in charge and she is assisted by several young ladies and the Victorian Order of Nurses. Dr. John Bell, who has made a specialty of children's diseases, gives his time gratuitously to the clinic and has done a great deal to make it a success. The report at the close of 1920 showed 300 babies' names enrolled.

The Secretary of the Canadian Association for the Prevention of Tuberculosis, was called to Regina, and permitted to attend several sessions of the Royal Commission appointed by the Saskatchewan Provincial Government to recommend a complete programme in the interest of the tuberculous. Dr. Seymour, Provincial Commissioner of Health, Miss Jean Browne, Director of Social Hygiene, Department of Education, and the Saskatchewan Provincial Council of Physicians and Surgeons, appeared before the Commission.

Marked progress has been made by the Commission, extensive survey work is already in hand. It is evident that, this Province intends to lead Canada in this particular activity.

Dr. A. H. Desloges, Director of the Division of Venereal Diseases of the Superior Board of Health of the Province of Quebec has returned from a trip to Europe during which he took the opportunity of investigating the type of work being undertaken on the Continent for the control of Venereal Diseases.

The semi-centennial of the American Public Health Association will be held in New York, November 8th to 18th. By a peculiar co-incidence the centennial of Dr. Stephen Smith, founder and first President of the Association approaches at approximately the same time as the semi-centennial of the Association itself. Dr. Smith is now in his 99th year.

Editorial

SOCIAL HYGIENE

GIVE a dog a bad name and generally he finds it hard to get rid of it. In some parts of the world at least that has been the difficulty with the term 'Social Hygiene.' It has been used so much in connection with the campaign against Venereal Diseases that many uninformed persons have come to regard Venereal Diseases and Social Hygiene as almost synonymous expressions.

As a matter of fact Social Hygiene is simply what its name implies—a condition of normality in the relation of the individual parts of society to one another. The fact that a condition of social hygiene would eliminate Venereal Diseases from the community is incidental.

A Social Hygiene movement in any country, however, if undertaken with a will to succeed must necessarily have far reaching results. In the past, notwithstanding our many political efforts, there has been no organized attempt to attain a condition of Social Hygiene. The business of countries has been undertaken by legislative bodies whose members have had national or local interests at heart rather than real human interests. The average citizen has been content to delegate his duties to his fellow men to some one whom he occasionally helps to elect to some civic or state office.

Of late there has been a new tendency. The development of Rotary Clubs and clubs of a similar type which have followed the lead of Rotary, the Grain Growers' Movement, the Farmers' Movement, although not exactly analagous to one another are all indicative of a somewhat similar spirit—a spirit actuated by a desire to deal with great organizing problems at first hand.

If a movement to organize in order to obtain the normal things of life for the average person were started on a large scale without waiting for such a condition of affairs to develop of itself at say the time of the millennium there is little doubt that a measure of success would be achieved just as it is achieved by organizations such as those mentioned above, and such an ambition would be of transcendent importance. A normal childhood, normal education,

normal recreation, normal family life, marriage at the time when nature intends it and the establishment of a home in turn by the next generation, these are things the general attainment of which would not only add enormously to human happiness but make for the stability of the state and eventually of the world at large.

Left to himself man will probably in time—after many dull shocks of experience—attain such a happy state. When he realizes that the attainment of such a condition is worth organizing and working for it will not be long before the whole complexion of the world is changed. But he must feel that the end to be attained is more important than any other of his materialistic ambitions and so act in parliament and in committee before results will be achieved.

Notes on Current Literature

From the Department of Information on Public Health, Canadian Red Cross Society.

Ten Years' Public Health Progress in Ontario.

Dr. J. W. S. McCullough reviews the early history of public health in Ontario, outlines the progress of the past ten years and describes the present activities of the various divisions of the Board. This record will interest all health workers. Copies may be obtained on application to the Chief Officer of Health, Parliament Buildings, Toronto.

Child Welfare.

Dr. Royer outlines the scope of the Child Welfare Movement in Canada and shows the relationship of this movement to the physician, the nurse, the health centre and the welfare worker. (*Pub. Health Journal,* Toronto, July, 1921, p. 289.)

The Housing Problem in its Various Bearings.

A general discussion of the housing problem at the recent conferences of the Royal Institute of Public Health, London. (*The Journal of State Medicine,* Aug., 1921. p. 225.)

Records of Public Health Nursing.

Dr. Louis Dublin, of the Metropolitan Life Insurance Company, emphasizes the value of nursing records and case work, administration and research. (*The Pub. Health Nurse,* Aug., 1921, p. 385.)

Industrial Application of Army and Navy Venereal Disease Records.

Venereal diseases are a much greater handicap in industry than existing industrial statistics indicate. This inference may properly be drawn from the 1920 reports of absences from duty in the U. S. Army and Navy. In the former, more than 13%, and in the latter 15% of all absences were from venereal diseases. (*American Journal of Public Health,* Sept., 1921, p. 829.)

Mental Hygiene in Industry.

(*Mental Hygiene,* July, 1921, p. 469.)

Mental Health Clinics.

(*Mental Hygiene,* July, 1921, p. 519.)

Functions and Relationships of Bureaux of Child Hygiene and Bureaux of Public Health Nursing in State Boards of Health.
(*American Journal of Pub. Health,* Aug., 1921, p. 707.)

The Value of the Public Health Nurse in Public Health and Welfare Administration.
(*American Journal of Public Health,* Aug., 1921, p. 712.)

Ravages of Congenital Syphilis and its Prevention.
(I. J. P. H., July-August, 1921, p. 354.)

Children Deprived of Parental Care.
A study of children taken under care of Delaware agencies and institutions. (Children's Bureau Publication No. 18.)

BOOKS TO ADD TO THE LIBRARY.

1. "Healthy Mothers."
2. "Healthy Babies."
3. "Healthy Children."

By Josephine Baker, M.D., D.P.H. Minneapolis, Ma.: The Federal Pub. Co., $7.50 a set.

Three excellent books by the Director of the Bureau of Child Hygiene in the New York City Department of Health. These books should make useful additions to the libraries of health centres.

4. "Sanitation for Public Health Nurses."

By Hibbert Winslow Hill, M.D., D.P.H. Toronto: The Macmillan Company. Pp. 211. $1.80.

LEAGUE OF RED CROSS SOCIETIES—POPULAR HEALTH ARTICLES.

1. "The Health Game."
2. "The Woman's Battle."
3. "On the Abuse of the Heart."

Book Reviews

Types of Mental Defectives. By Martin W. Barr, M.D., and E. F. Maloney, A.B. Cloth. Price $3.00. Pp. 179. Philadelphia: P. Blakiston's Sons & Co. 1920.

The authors of this little book are evidently of the belief that information about mental defectives can be imparted profitably by a presentation of case histories. We are therefore treated to one hundred or more clinical abstracts, and are able to visualize the various types that are described. This method of instruction approaches very closely an actual demonstration in a clinic or hospital and is undoubtedly of great value.

A so-called "educational" classification of mental defectives is used. Individuals requiring asylum care are designated as idiots and idio-imbeciles. Those who need long apprenticeship and colony life under protection are imbeciles, while the backward or mentally feeble are cases with slow mental processes that can be trained for a place in the world. Moral imbeciles are placed in a group by themselves and for them is advised custodial life and perpetual guardianship.

At the beginning of each chapter there is presented a brief account of the type of mental defective under consideration, and then follows illustrative cases. The introductory remarks are, for the most part, good, and might have been lengthened with advantage. Such a remark as the following about idiots is typical of the sound sense that pervades the little book: "As numbers (of idiots) can be cared for here (the asylum) more efficiently and with greater ease than can one in the ordinary family, and as the child very often does not recognize the hand that ministers to his physical wants, the mother herself is soon forced to admit that the asylum is best, not only for the good of the child, but also for the welfare of the home.

In the opinion of the writer the best chapters in the book deal with cases requiring asylum care. It is evident that the authors are thoroughly familiar with institution types and the reader can rest assured that he is being treated to authoritative advice. When on the other hand the backward or mentally feeble are discussed the authors are not so convincing. They give no place to that large group known as Dull Normals—individual who cannot be classed as

mental defectives or as normal, but who comprise a considerable proportion of the population. These Dull Normals are not backward in the sense that is conveyed in the chapter dealing with the subject.

There seems to be a demand for a book on mental defectives that will deal particularly with high grade types that can be supervised in the general community. Unfortunately, the volume under consideration fails us here. It is a pity, because the medical practitioner, teacher and social worker need information not so much about institution cases, but about high grade defectives—those unfortunates who are so often involved in social problems, and who are in need of expert guidance. The text book needed will stress the importance of an all-round personality study of each defective and in connection with treatment will give prominence to the place of vocational guidance, home discipline and the special class in the public school.

It would be unfair, however, to end this review in a vein that is hypercritical. The book as it stands is worthy of the study of all students of the subject and will form a useful addition to that section of the library devoted to mental hygiene.—C. M. Hincks.